

Certification of Work Experience

The information herein will be used to determine qualifications of lead professional certification applicants, in accordance with the Lead Abatement Act of 1998.

Discipline for which application is being made: _____
(Supervisor, Risk Assessor, Project Designer)

Name of Individual seeking certification: _____

Home Address: _____

Home phone. (_____) _____ Email Address: _____

Please provide the following information as completely and accurately as possible. Any misrepresentation may result in denial or revocation of certification and associated privileges, and/or assessment of a penalty, as specified in the Lead Abatement Act.

DATES

From _____

To _____

WORK HISTORY

Employer _____

Address _____

City _____ Zip _____ (_____) _____

Work phone

Work description _____

DATES

From _____

To _____

WORK HISTORY

Employer _____

Address _____

City _____ Zip _____ (_____) _____

Work phone

Work Description _____

Additional information may be entered on the reverse side of this form.

DATES

From _____

To _____

WORK HISTORY

Employer _____

Address _____

City _____

Zip _____

(_____) _____
Work phone

Work Description _____

DATES

From _____

To _____

WORK HISTORY

Employer _____

Address _____

City _____

Zip _____

(_____) _____
Work phone

Work description _____

DATES

From _____

To _____

WORK HISTORY

Employer _____

Address _____

City _____

Zip _____

(_____) _____
Work phone

Work Description _____
